

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re Gwendolyn Morrow-Lawrence,)
)
 Debtor)
 Employer's Tax Identification No(s). [if any])
 Last four digits of Social Security No(s): xxx-xx-1087)

For Debtor:

- ☐ Payment advices are attached
- ☐ Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.
- ☐ Payment advices **are not** attached because debtor:
- ☐ receives disability payments
 - ☐ is unemployed and does not receive unemployment compensation
 - ☐ receives Social Security payments
 - ☐ receives a pension
 - ☐ does not work outside the home
 - ☐ is self employed
 - ☐ other, please explain __
- Schedule I, Line 1 Income 5,367.00
- Occupation as listed on Schedule I Sterile Supply Assoc

For Joint Debtor, if applicable:

- ☐ Payment advices are attached
- ☐ Payment advices **are not** attached because debtor had no income from any employer during the 60 days prior to filing the bankruptcy petition.
- ☐ Payment advices **are not** attached because debtor:
- ☐ receives disability payments
 - ☐ is unemployed and does not receive unemployment compensation
 - ☐ receives Social Security payments
 - ☐ receives a pension
 - ☐ does not work outside the home
 - ☐ is self employed
 - ☐ other, please explain __
- Schedule I, Line 1 Income N/A
- Occupation as listed on Schedule I __

I declare under penalty of perjury that I have read this Payment Advices Cover Sheet and the attached payment advices, consisting of __ sheets, and that they are true and correct to the best of my knowledge, information and belief.

Signature of Debtor: /s/ Gwendolyn Morrow-Lawrence Date: June 29, 2020
Gwendolyn Morrow-Lawrence

Signature of Joint Debtor: _____ Date: _____